


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90021 043 ***150.00

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| DOCUMENT # F43859 |  |
| 1. Entity Name THE BUILDING CONTRACTORS, INC. | |

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| Principal Place of Business 13003 US HWY 19 NORTH CLEARWATER FL 33764 | Mailing Address 13003 US HWY 19 NORTH CLEARWATER FL 33764 |
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| 2. Principal Place of Business - No P.O. Box # 13101 56th COURT No. | 3. Mailing Address 13101 56th COURT No. |
| Suite, Apt. #, etc. Suite 801 | Suite, Apt. #, etc. Suite 801 |

1st MOORE CR2E034 (10/06)

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|---------------------------------------|---------------------------------------|
| City & State CLEARWATER FL. | City & State CLEARWATER FL. |
| Zip 33760 | Zip 33760 |
| Country USA | Country USA |

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| 4. FEI Number 59-2129852 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent GOLDSMITH, CHARLES B 13003 US HWY 19 NORTH CLEARWATER FL 33764 | 7. Name and Address of New Registered Agent Name CHARLES B. GOLDSMITH Street Address (P.O. Box Number is Not Acceptable) 13101 56th COURT No. SUITE 801 City CLEARWATER FL 33760 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHARLES B. GOLDSMITH P.D.** *[Signature]* **02/21/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GOLDSMITH, CHARLES B 13303 US HWY 19 NORTH CLEARWATER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CHARLES B. GOLDSMITH 13101 56th COURT No. CLEARWATER, FL. 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *[Signature]* **CHARLES B. GOLDSMITH** **02/21/07** **727-540-0436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #